

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012790

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 85

FILED APR 4 1963

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Woodland Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>524 W Coates</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>I</u> Last <u>Dunkle</u>			4. DATE OF DEATH Month <u>3</u> Day <u>30</u> Year <u>1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-1895</u>	9. AGE (last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and state or country) <u>La Cade, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lafayette Dunkle</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Hogan</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Dunkle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Anna Dunkle 524 W Coates</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	

IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>arteriosclerosis heart disease</u>		DUE TO (c) <u>arteriosclerosis heart disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <u>8:00</u> a.m. <u>p.m.</u> Month <u>3</u> Day <u>26</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Moberly</u> COUNTY <u>Randolph</u> STATE <u>Missouri</u>
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21. I attended the deceased from <u>3-26-63</u> to <u>3-30-63</u> and last saw him alive on <u>3-30-63</u> Death occurred at <u>8:00 p.m.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>D. Noel Rains</u> (Deceased title)	22b. ADDRESS <u>D.O. Moberly</u>	22c. DATE SIGNED <u>3-31-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Randolph &amp; Missouri</u>
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24. FUNERAL DIRECTOR <u>Mahan Funeral Service 211 N. Clark</u>	25. DATE RECD. BY LOCAL REG. <u>4/1/1963</u>	26. REGISTRAR'S SIGNATURE <u>W. Earl White</u>
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Moberly (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 2887  
2 20887  
3  
4 C  
5 1  
6  
7 0  
8 2  
9 4200  
10  
11 1292-2  
12 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Russell N France

Licensed Embalmer No. 4255

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit Issued 4-1-63  
RNF*